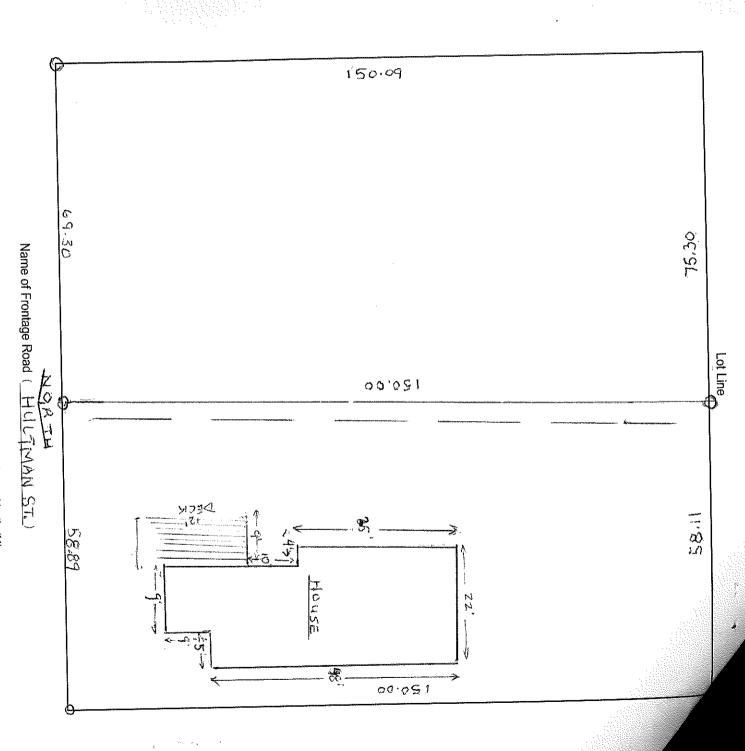
SUBMIPCOMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN D E G E I W E

| | Amount Paid: | ing D | Date: | Application No. | |
|---------|------------------|----------------------|-------|-------------------|---|
| 13% | aid: | istrict | | M N o | |
| 3/30/11 | \$ | Zoning District P-PP | (, | | |
| (| N | | 18 | \mathcal{J}_{i} | |
| Z . | THE CANAL STATES | | 7/ | " | |
| | 3 | | | 10 | |
| į | r Z | | | | \ |

| - | | |
|---|--|---------------------------------------|
| 3-25-41 | Signed M. Insperior | |
| owned + house | motors must be assissable. | Condition: |
| Variance (B.O.A.) # | | Mitigation |
| თ გ-2 | Suber By OX | 野鸡 |
| ADjycoaff ou she boog. | THE BUSHING SALANE , DELIEN WHICH BE BEHOWED IN | Inspectio |
| Politica (Para) | | Reason f |
| Dermit Dermit (Date) | 1/8-1/ Permit Number 1/-0/19 | |
| Date | sued. State Sanitary Number f_{ij}^{j} | Permit Issued |
| (If you recently purchased the property SIDE Attach a Copy of Recorded Deed) | Notice on Back APPLICANT — PLEASE COMPLETE REVERSE | See Notice |
| | FOIDOX TE, HERESTER, W | Address to send permit |
| Date MALCH ZY ZOH | gent (Signature) / / / / / / / / / / / / / / / / / / / | Owner or Aut |
| ion I (we) am (are) providing in or with this application. I (we) property at any reasonable time for the purpose of inspection. | permit. I (we) further accept liability which may be a result of Baylield County relying on this information county officials charged with administering county ordinances to have access to the above described properties of the above described p | to issue a perm consent to cour |
| RMIT WILL RESULT IN <u>PENALTIES</u> if my (our) knowledge and belief it is truc, correct and complete. I the will be relied upon by Rayfield County in determining whether | FAILURE TO OBTAIN A PERMIT <u>or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN <u>PENALTIES</u> (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (we) arcknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Ranfold County in determining whether</u> | (we) declare th |
| ☐ External Improvements to Accessory Building (explain) | □ Residential Other (explain) □ External Improvem | ☐ Residentia |
| ☐ External Improvements to Principal Building (explain) | (explain) | ☐ Residentia |
| Use (explain) SHORT TERM RENTAL | ☐ Residential Accessory Building (explain) ★ Special/Conditional Use (explain) | ☐ Residentia |
| | sq. ft Garage sq. ft Commercial Other (explain) | Residence sq. ft. |
| ☐ Commercial Accessory Building Addition (explain) | | □ * Resider |
| sory Building (explain) | Deck(2) s | Deck sq. ft. |
| ☐ Commercial Principal Building Addition (explain) | e w/deck-porch (# of bedrooms) | □ * Residenc |
| al Building | □ Comm | 20 |
| Septic/Sanitary System Home (manufactured date) | Type of Septic/Sanitary System Residence or Principal Structure (# of bedrooms) ☐ Mobile Home (manufactured date | |
| Existing Privy City | 53,600 Square Footage 1154 Sanitary: | œ. |
| 75 [| Is your structure in a Shoreland Zone? Yes No No If yes. Distance from Shoreline: greater than | ls your struct |
| ∖ttached: Yes ☐ No ☐ | 7/5 77 4 3/25 (Home) (Work) Written Authorization Attached: | Telephone |
| (Phone) | Authorized Agent | I_ |
| | roperty 14845 HULTMAN ST. Plumber | Address of Property |
| (Phone) | TERZENCE R MCDOWELL | Property Owner |
| 00-125 | Page of Deeds Parcel I.D. 04-014. 1.50-01-08- | Volume |
| Jiz ZND ADD | t Block Subdi | Gov't LotLo |
| | gal Description 50 | Use Tax Stat |
| | ans must be approved by the Zoning Department. SANITARY TO SPRING TO CONDITIONAL LIGE TO SECTIAL L | Changes in plans |
| 3/30/11 mg | INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. | INSTRUCTIC Checks are many DO NOT STA |
| 13619 | Bayfield Co. Zoning Dept. | Crc (crv) |
| Zoning District & P. P.P. | P.O. Box 58 Washburn, WI 54891 | P.O. Box 58 Washburn, V |
| Application No.: 11-0119 | | APPLACA AND FEE |
| , | BAYFI | LIMBUS |



- <u>....</u> Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)
- 5 Show the location, size and dimensions of the structure
- လ Show the location, size and dimensions of attached deck(s), porch(s) or garage

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

Show the location of the well, holding tank, septic tank and drain field.

4

- Ġ Show the location of any lake, river, stream or pond if applicable
- g Show the location of other existing structures

Show the location of any wetlands or slopes over 20 percent

- ∞ Show dimensions in feet on the following:
- Building to all lot lines
- Ō Building to lake, river, stream or pond Building to centerline of road
- ဝ ဂ
- Holding tank to closest lot line
- Holding tank to building
- то∵о Holding tank to well
 - Holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond Septic Tank and Drain field to closest lot line
- Septic Tank and Drain field to building
- Septic Tank and Drain field to well Septic Tank, and Drain field to lake, river, stream or pond.
- Ö Well to building

⊐ ∄

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

will not make an inspection until location(s) are staked or marked Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector